

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532644  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4		/						54					
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42		/						92					
43		/						93					
44		/						94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	47												
TOTAL DEP.	40												
TOTAL CLAIMS	44												